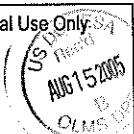


FORM LM-30

LABOR ORGANIZATION OFFICER AND EMPLOYEE REPORT

This report is mandatory under P.L. 86-257, as amended. Failure to comply may result in criminal prosecution, fines, or civil penalties as provided by 29 U.S.C 439 or 440.

For Official Use Only



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READ THE INSTRUCTIONS CAREFULLY BEFORE PREPARING THIS REPORT.

1. File Number U - <u>6282</u>	2. Fiscal Year Covered From: <u>01 / 01 / 2004</u> Through: <u>12 / 31 / 2004</u>
3. Name and address of person filing. Name <u>HOWARD J SAVLICK</u> P.O. Box, Bldg., Room No., if any _____ Street <u>3608 MANCHESTER RD</u> City <u>WANTAGH</u> State <u>NEW YORK</u> ZIP Code + 4 <u>11793</u>	4. Name, file number, and address of labor organization. Name <u>ALA LOCAL ONE</u> Labor Organization File Number <u>035-319</u> P.O. Box, Building and Room Number, if any _____ Street <u>113 UNIVERSITY PLACE</u> City <u>NEW YORK</u> State <u>NEW YORK</u> ZIP Code + 4 <u>10003</u>
5. Position in labor organization. <u>ADMINISTRATOR (TRUST FUNDS) EMPLOYEE OF UNION</u>	

Enter appropriate data below if, during the past fiscal year, you or your spouse or minor child directly or indirectly had any of the following interests (except as specified in the exclusions set forth in the instructions):

A. Held an interest in, engaged in transactions (including loans) with, or derived income or other economic benefit of monetary value from an employer whose employees your organization represents or is actively seeking to represent.

6. Name and address of Employer (including trade name, if any).

Name _____

Trade Name, if any: _____

P.O. Box, Bldg., Room No., if any _____

Street _____

City _____

State _____ ZIP Code + 4 _____

7.a. Nature of Interest, Transaction, or Income.

7.b. Amount.

Signature

15. Signature and verification. The undersigned declares, under penalty of Perjury and other applicable penalties of the law, that all of the information submitted in this report (including the information contained in any accompanying documents), has been examined by the signatory and is, to the best of the undersigned's knowledge and belief, true, correct, and complete. (See the section on penalties in the instructions.)

Signed

On

8/8/05
Date

(212) 460-0800
Telephone Number

Name of Person Filing

File Number U-

B. Held an interest in or derived income or economic benefit with monetary value from a business (1) a substantial part of which consists of buying from, selling or leasing to, or otherwise dealing with the business of an employer whose employees your labor organization represents or is actively seeking to represent, or (2) any part of which consists of buying from or selling or leasing directly or indirectly to, or otherwise dealing with your labor organization or with a trust in which your labor organization is interested.

8. Name and address of Business (including trade name, if any).

Name ALLIANCE BERNSTEINTrade Name, if any: P.O. Box, Bldg., Room No., if any Street 767 FIFTH AVENUECity NEW YORKState NEW YORK ZIP Code + 4 10153

9. Business deals with:

☐ a. Labor Organization☒ b. Trust☐ c. Employer

10. If 9.b. or 9.c. is checked give trust or employer's name.

Name ALA INDUSTRY PENSION PLAN/SICKNESS & ACCIDENTTrade Name, if any: P.O. Box, Bldg., Room No., if any Street 113 UNIVERSITY PLACECity NEW YORKState NEW YORK ZIP Code + 4 10003

11.a. Nature of such dealing.

INVESTMENT MANAGER

11.b. Approximate dollar value of such dealing.

\$ 189,787.00

12.a. Nature of interest held or income received.

INVESTMENT MEETING ACTIVITY
DURING MEETING HELD ON 12/6/04
DURING IFEB MEETING/CONFERENCE
NEW ORLEANS 11/19 - 12/14/04

12.b. Amount.

\$ 50.00

C. Received from any employer (other than an employer covered under parts A and B above) or from any labor relations consultant to an employer any payment of money or other thing of value.

13.a. Name and address of Employer or Labor Relations Consultant (including trade name, if any).

Name Trade Name, if any: P.O. Box, Bldg., Room No., if any Street City State ZIP Code + 4

14.a. Nature of payment.

13.b. Is the Business an Employer ☐ or Consultant ☐ ?

14.b. Amount of payment.

Name of Person Filing

File Number U-

B. Held an interest in or derived income or economic benefit with monetary value from a business (1) a substantial part of which consists of buying from, selling or leasing to, or otherwise dealing with the business of an employer whose employees your labor organization represents or is actively seeking to represent, or (2) any part of which consists of buying from or selling or leasing directly or indirectly to, or otherwise dealing with your labor organization or with a trust in which your labor organization is interested.

8. Name and address of Business (including trade name, if any).

Name ALLIANCE BERNSTEINTrade Name, if any: P.O. Box, Bldg., Room No., if any Street 767 FIFTH AVENUECity NEW YORKState NEW YORK ZIP Code + 4 10153

9. Business deals with:

☐ a. Labor Organization☒ b. Trust☐ c. Employer

10. If 9.b. or 9.c. is checked give trust or employer's name.

Name ALA INDUSTRY PENSION PLAN/SICKNESS & ACCIDENTTrade Name, if any: P.O. Box, Bldg., Room No., if any Street 113 UNIVERSITY PLACECity NEW YORKState NEW YORK ZIP Code + 4 10003

11.a. Nature of such dealing.

INVESTMENT MANAGER SERVICES

11.b. Approximate dollar value of such dealing.

\$189,787.00

12.a. Nature of interest held or income received.

INVESTMENT MEETING ACTIVITY
ON 8/3/04

12.b. Amount.

\$250.00

C. Received from any employer (other than an employer covered under parts A and B above) or from any labor relations consultant to an employer any payment of money or other thing of value.

13.a. Name and address of Employer or Labor Relations Consultant (including trade name, if any).

Name Trade Name, if any: P.O. Box, Bldg., Room No., if any Street City State ZIP Code + 4

14.a. Nature of payment.

13.b. Is the Business an Employer ☐ or Consultant ☐ ?

14.b. Amount of payment.

Name of Person Filing

HOWARD J. SARLICK

File Number U-

B. Held an interest in or derived income or economic benefit with monetary value from a business (1) a substantial part of which consists of buying from, selling or leasing to, or otherwise dealing with the business of an employer whose employees your labor organization represents or is actively seeking to represent, or (2) any part of which consists of buying from or selling or leasing directly or indirectly to, or otherwise dealing with your labor organization or with a trust in which your labor organization is interested.

8. Name and address of Business (including trade name, if any).

Name CRA / ROGERS CASEY

Trade Name, if any:

P.O. Box, Bldg., Room No., if any

Street 800 South Street - SU. F2 250

City WALTHAM

State MA ZIP Code + 4 02455

9. Business deals with:

☐ a. Labor Organization☒ b. Trust☐ c. Employer

10. If 9.b. or 9.c. is checked give trust or employer's name.

Name ALA INDUSTRY PENSION PLAN

Trade Name, if any:

P.O. Box, Bldg., Room No., if any

Street 113 UNIVERSITY PLACE

City NEW YORK

State NEW YORK ZIP Code + 4 10003

11.a. Nature of such dealing.

INVESTMENT CONSULTANTS

11.b. Approximate dollar value of such dealing.

\$18,435.00

12.a. Nature of interest held or income received.

CONFERENCE ACTIVITIES FROM 10/20-10/23/04
DURING ANNUAL SUMMIT
CONDUCTED BY CRA / ROGERS CASEY

12.b. Amount.

\$1456.00

C. Received from any employer (other than an employer covered under parts A and B above) or from any labor relations consultant to an employer any payment of money or other thing of value.

13.a. Name and address of Employer or Labor Relations Consultant (including trade name, if any).

Name

Trade Name, if any:

P.O. Box, Bldg., Room No., if any

Street

City

State ZIP Code + 4

14.a. Nature of payment.

13.b. Is the Business an Employer ☐ or Consultant ☐ ?

14.b. Amount of payment.

Name of Person Filing

HOWARD J. SAWYER

File Number U-

B. Held an interest in or derived income or economic benefit with monetary value from a business (1) a substantial part of which consists of buying from, selling or leasing to, or otherwise dealing with the business of an employer whose employees your labor organization represents or is actively seeking to represent, or (2) any part of which consists of buying from or selling or leasing directly or indirectly to, or otherwise dealing with your labor organization or with a trust in which your labor organization is interested.

8. Name and address of Business (including trade name, if any).

Name AMALGAMATED BANK OF NEW YORK

Trade Name, if any:

P.O. Box, Bldg., Room No., if any

Street 11-15 UNION SQUARE WEST

City NEW YORK

State NEW YORK ZIP Code + 4 10003

9. Business deals with:

☒ a. Labor Organization☐ b. Trust☐ c. Employer

10. If 9.b. or 9.c. is checked give trust or employer's name.

Name

Trade Name, if any:

P.O. Box, Bldg., Room No., if any

Street

City

State ZIP Code + 4

11.a. Nature of such dealing.

CUSTODIAL BANK / INVESTMENT
MANAGER SERVICES

11.b. Approximate dollar value of such dealing.

\$8721.00

12.a. Nature of interest held or income received.

FUNDRAISER ACTIVITIES ON 6/10/04
DURING SOL STETIN / BOTTO HOUSE
LABOR MUSEUM MEETING

12.b. Amount.

\$200.00

C. Received from any employer (other than an employer covered under parts A and B above) or from any labor relations consultant to an employer any payment of money or other thing of value.

13.a. Name and address of Employer or Labor Relations Consultant (including trade name, if any).

Name

Trade Name, if any:

P.O. Box, Bldg., Room No., if any

Street

City

State ZIP Code + 4

14.a. Nature of payment.

13.b. Is the Business an Employer ☐ or Consultant ☐ ?

14.b. Amount of payment.

Name of Person Filing HOWARD J. SARLICK	File Number U-
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B. Held an interest in or derived income or economic benefit with monetary value from a business (1) a substantial part of which consists of buying from, selling or leasing to, or otherwise dealing with the business of an employer whose employees your labor organization represents or is actively seeking to represent, or (2) any part of which consists of buying from or selling or leasing directly or indirectly to, or otherwise dealing with your labor organization or with a trust in which your labor organization is interested.

8. Name and address of Business (including trade name, if any).

Name **COLUMBUS CIRCLE INVESTORS**

Trade Name, if any: _____

P.O. Box, Bldg., Room No., if any _____

Street **ONE STATION PLACE**

City **STAMFORD**

State **CT** ZIP Code + 4 **06902**

9. Business deals with:

- ☐ a. Labor Organization
- ☒ b. Trust
- ☐ c. Employer

10. If 9.b. or 9.c. is checked give trust or employer's name.

Name **ALA INDUSTRY PENSION PLAN**

Trade Name, if any: _____

P.O. Box, Bldg., Room No., if any _____

Street **113 UNIVERSITY PLACE**

City **NEW YORK**

State **NEW YORK** ZIP Code + 4 **10003**

11.a. Nature of such dealing.

INVESTMENT MANAGER

11.b. Approximate dollar value of such dealing.

- 0 -

12.a. Nature of interest held or income received.

**INVESTMENT MEETING ACTIVITY (info)
DURING CRA/ROGERS CASE
MEETING HELD 10/20/04 - 10/23/04**

12.b. Amount.

\$145.00

C. Received from any employer (other than an employer covered under parts A and B above) or from any labor relations consultant to an employer any payment of money or other thing of value.

13.a. Name and address of Employer or Labor Relations Consultant (including trade name, if any).

Name _____

Trade Name, if any: _____

P.O. Box, Bldg., Room No., if any _____

Street _____

City _____

State _____ ZIP Code + 4 _____

14.a. Nature of payment.

13.b. Is the Business an Employer ☐ or Consultant ☐ ?

14.b. Amount of payment.